

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Values are Vital		FEC IDENTIFICATION NUMBER ▼ C C00552422
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee Morado & Associates, LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 1217 E Cape Coral Parkway PMB #160		Amount 5000.00
City Cape Coral	State FL	Zip Code 33904
Purpose of Expenditure Internet Media Ads and Services	Category/ Type 004	Transaction ID : SE.4352 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 10 / 2014
Name of Federal Candidate PAIGE VANIER Vanier KREEGEL	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 1105309.54		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary

Full Name of Payee Morado & Associates, LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 1217 E Cape Coral Parkway PMB #160		Amount 5000.00
City Cape Coral	State FL	Zip Code 33904
Purpose of Expenditure Internet Media Ads and Services	Category/ Type 004	Transaction ID : SE.4353 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 10 / 2014
Name of Federal Candidate LIZBETH BENACQUISTO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 1110309.54		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ronald M Firman

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
04 / 11 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 2 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Values are Vital	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00552422 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Morado & Associates, LLC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 1217 E Cape Coral Parkway PMB #160		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5000.00 </div>	
City Cape Coral	State FL	Zip Code 33904	Transaction ID : SE.4354 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 04 / 10 / 2014 </div>
Purpose of Expenditure Internet Media Ads and Services		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate CURTIS J CLAWSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>19</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1115309.54 </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► <u>Special-Primary</u>

Full Name of Payee		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5000.00 </div>	
City	State	Zip Code	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 004 </div>	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5000.00 </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10000.00 </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 15000.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ronald M Firman
[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 04 / 11 / 2014

Signature